

CEU COURSE APPLICATION

Application must be submitted to the Board at least six weeks in advance of the course date.

Note: Please print clearly or type.

Date of Application _____

1. Course title _____
2. Submit an hour-by-hour agenda of the course with this application. _____
3. Course contact _____
Address _____
Telephone number (include area code) _____
4. Course objectives _____

5. Course location _____
6. Course date(s) _____
7. Target population _____
8. Number expected _____
9. Format _____
10. Cooperating organizations, if any _____

11. Number of contact hours (exclude registration, breaks, and meals) _____
12. Participant's fee(s) _____
13. Program Support: Fee _____ Grant _____ Exhibits _____ Other _____
14. Learning assessment tool _____
15. Confirmed Speaker(s) (submit documentation of expertise/experience) _____

CONTACT INFORMATION

Board of Physical Therapy Examiners
4201 Patterson Avenue - Baltimore, Maryland 21215-2299 - (410) 764-4752
Fax (410) 358-1183 - TDD (800) 542-4964 - Maryland Relay Service (800) 735-2258

FOR BOARD USE ONLY: Meets criteria: ___Y ___N Date _____ CEUs awarded _____

Comments:
